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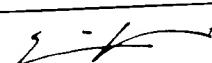
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PTO SB 15-11 SB  
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<p>Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.</p> <p><b>UTILITY PATENT APPLICATION TRANSMITTAL</b></p> <p>(Only for new nonprovisional applications under 37 CFR 1.53(b))</p>		<p>Attorney Docket No. 0756-2232</p> <p>First Inventor or Application Identifier Shunpei YAMAZAKI et al.</p> <p>Title: LIQUID CRYSTAL PANEL AND LIQUID CRYSTAL PROJECTOR</p> <p>Express Mail Label No.</p>
<p><b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents</p> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO SB 17) , Submit an original, and a duplicate for fee processing: Total Pages [68]</p> <p>2. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R &amp; D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets [27] Total Pages [5]</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) (Note Box 5 below)</p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application. see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>5. <input checked="" type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein</p>		<p><b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington DC 20231</p> <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies</p>
<p><b>ACCOMPANYING APPLICATION PARTS</b></p> <p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Copies of IDS (IDS)/PTO-1449 Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application. (PTO/SB/09-12) Status still proper and desired</p> <p>15. <input checked="" type="checkbox"/> Certified Copy of Japanese Priority Document No. 11-339056 Filed November 30, 1999</p> <p>16. <input type="checkbox"/> Other</p> <p>*A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon</p>		
<p>17. If a <b>CONTINUING APPLICATION</b>, check appropriate box, and supply the requisite information below and in a preliminary amendment [ ] Continuation [ ] Divisional [ ] Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner: _____ Group/Art Unit: _____</p> <p>18. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code Label Customer No. 22204 or <input checked="" type="checkbox"/> Correspondence address below Insert Customer No. or Attach bar code label here!</p> <p>Name: Eric J. Robinson Firm: NIXON PEABODY LLP Address: 8180 Greensboro Drive, Suite 800 City: McLean State: VA Country: U.S.A. Telephone: (703) 790-9110 Zip Code: 22102 FAX: (703) 883-0370</p> <p>Name: Eric J. Robinson Registration No. 38,285 Signature:  Date: 11/22/00</p>		

Burden Hour Statement: This form is estimated to take 1.5 hours to complete. Time varies, depending upon the needs of the individual case. Any comments or the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

<b>FEE TRANSMITTAL</b>  <small>Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997. Small Entity payments must be supported by a small entity statement. otherwise, large entity fees must be paid. See Forms PTO-SB-24-72</small>		Complete If Known						
		Application Number						
		Filing Date		November 22 2000				
		First Named Inventor		Shunpei YAMAZAKI et al				
		Examiner Name						
		Group Art Unit						
TOTAL AMOUNT OF PAYMENT		\$2,838.00			Attorney Docket Number	0756-2232		
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)						
		<b>3. ADDITIONAL FEES</b> Large Entity      Small Entity						
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and collect any overpayments to Deposit Account No. 19-2380 Deposit Account Name: NIXON PEABODY LLP		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance		105	132	211	65	Surcharge-late filing fee or oath		
		127	53	212	25	Surcharge-late provisional filing fee or cover sheet		
		139	110	114	130	Non-English specification		
		147	2,520	111	2,520	For filing a request for reexamination		
		112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
		115	110	215	55	Ext for reply within first month		
		116	340	216	190	Ext for reply within second month		
		117	870	217	435	Ext for reply within third month		
		118	1,250	218	680	Ext for reply within fourth month		
		128	1,850	218	925	Ext for reply within fifth month		
		119	300	219	150	Notice of Appeal		
		120	300	220	150	Filing brief in support of appeal		
		121	450	221	130	Request for Oral Hearing		
		138	1,510	138	1,510	Petition to institute public use proceeding		
		140	110	240	55	Petition to revive-unavoidable	\$40.00	
		141	1,110	241	605	Petition to revive-unintentional		
		142	1,210	242	605	Utility issue fee (or reissue)		
		143	430	243	215	Design issue fee		
		144	580	244	290	Plant issue fee		
		122	130	122	130	Petitions to the Commissioner		
		123	50	123	50	Petitions related to provisional applications		
		126	240	126	240	Submission of IDS		
		581	40	581	40	Recording each patent assignment per property (times number of properties)		
		146	760	246	380	Filing a submission after final rejection (37 CFR 1.129(a))		
		149	760	249	380	For each additional invention to be examined (37 CFR 1.129(b))		
		*Reduced by Basic Filing Fee Paid						
		SUBTOTAL (1)					\$710.00	
2. EXTRA CLAIM FEES      Extra Claims Fee from Below      Fee Paid								
Total Claims      96      - 20** =      76      X \$18.00 =      \$1,368.00 Independent Claims      12      - 3** =      9      X \$80.00 =      \$ 720.00 Multiple Dependent Claims                     \$270.00 =      \$ * or number previously paid, if greater. For Reissues, see below								
Large Entity      Small Entity      Fee Description								
Fee      Fee      Fee      Fee      Fee Description								
Code (\$)		Code (\$)		Fee Description				
103      13      203      9      Claims in excess of 20								
102      80      202      40      Independent claims in excess of 3								
104      270      204      135      Multiple dependent claim								
109      80      209      40*      Reissue independent claims over original patent								
110      13      210      9      Reissue claims in excess of 20 and over original patent								
		SUBTOTAL (2)					\$2,088.00	
		Complete (if applicable)						
SUBMITTED BY								
Typed or Printed Name		Eric J. Robinson					Reg. Number	38.285
Signature				Date	11/24/00		Deposit Account User ID	19-2380

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